

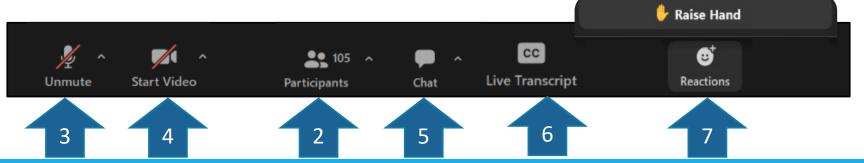


Results of Initial Stakeholder Engagement on the Lifespan Project

LIFESPAN PROJECT
STAKEHOLDER ENGAGEMENT – PHASE 2
VIRTUAL STATEWIDE LISTENING SESSION
OCTOBER 27, 2022

Housekeeping

- 1. This meeting will be recorded
- 2. Personalize your name in Zoom by clicking the dots next to your name in the **Participants** list
- 3. Please ensure you are **muted** when not speaking. Click **Unmute** to speak
- 4. If you would like to, turn on your video with "Start Video"
- 5. Use "Chat" to share your questions or comments
- 6. Click "Live Transcript" to show subtitles or view full transcript
- 7. Use 'Raise Hand' Reaction to signal your wish to speak



Agenda

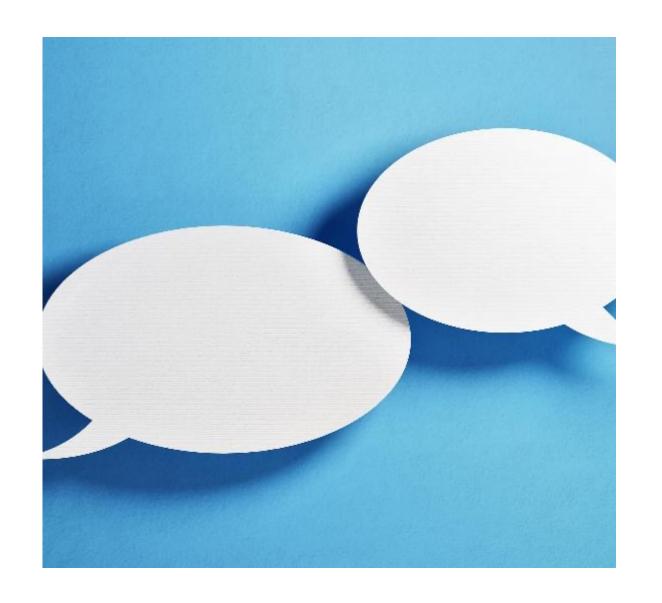
Welcome and DHHS Staff/Consultant Introductions

Review of Key Themes from Initial Stakeholder Sessions

Plan for Continued Stakeholder Engagement

Next Steps

Opportunity for Comments, Suggestions, Questions for FAQ Resource



A Lifespan Approach to the Future: Themes from Initial Stakeholder Engagement

MEETINGS HELD SEPTEMBER 20 THROUGH OCTOBER 6, 2022

A Single Program



- Reduce confusion of individuals and families
- □ Increase coordination with other systems and with natural supports
- ☐ Break down service silos

State Level Investments



- Invest in developing state partner systems' capacity to serve people with IDD
- ☐ Invest in supports for communities to increase inclusion opportunities and access to valued social roles (i.e., employee; homeowner; member; volunteer)

Community



☐ Increase the role of the community in the lives of Lifespan participants

Core design feature: Not an after-thought

□ Consider "Regional Advisory Boards"

Local businesses, organizations, and groups

- Increase awareness of fellow community members with IDD
- Increase understanding in how they can engage with community members with IDD to share interests, talents, time and resources
- Increase understanding in how they can engage, welcome, include and leverage the full value of what their fellow community members with IDD have to offer

Planning



■ Use existing needs assessments and "A Path For ME" to inform continued planning for the Lifespan project

Youth



■ Enrollment starting at age 14 is strongly supported

- Will help facilitate seamless transition out of high school
- Will help more youth successfully find and keep employment
- Adequate lead time for enrollment is critical
 - Streamline enrollment process for youth already involved in assessments, planning related to special education, and engaging vocational rehabilitation
- ☐ Services and supports to address the threat of post-school isolation for youth exiting high school

Transition From Youth to Adult



- ☐ Coordination with other public systems is critical for success
 - An important part of the planning and preparation for the Lifespan approach

- ☐ If multiple plans need to exist, there should be alignment across these plans regarding goals and strategies to achieve the goals
 - Systems of support need to talk to each other and coordinate with individuals and their families
 - Intentional policy and practice

Living Situations and Housing

- ☐ Address transitions from institutional settings (e.g., in-patient; jail/prison; homeless shelters; etc.)
 - Strong coordination, discharge planning and targeted short-term services are needed for successful transitions
- ☐ Housing partnerships to increase opportunities for individuals to live in places they own or lease from third-party landlords
- ☐ Transitions of living situations within Lifespan should also be supported
 - Support transition from a group home to a less restrictive, more autonomous living arrangement (e.g., their own apartment, home)

Aging



- Alzheimer's and dementia supports and expertise
- Supports for aging caregivers
- Services for older adults
 - Supported retirement
 - Enabling people to age in place
 - Medical support needs
 - Enhanced ADL supports



Case Management



■ A new "Support Coordination" role to replace traditional case management

- Align and coordinate approaches across the Lifespan
- Take a leadership role when children's care coordinator is involved
- Early engagement of youth on the topic of employment
- Early engagement to prevent crisis
- Educate on self-direction

☐ Break down silos, especially at key Lifespan transitions

- "Developing natural continuity"
- Use of Person-Centered Planning as a tool to help coordinate services across systems

Support Coordinator Role



- ☐ Be a connector to resources outside the waivers
 - Improve connections and coordination with the Public Vocational Rehabilitation program
 - Coordinate closely with school system for transition-age youth
 - Coordinate with mental health system for individuals with IDD who have co-occurring mental health needs (consider Behavioral Health Home model)

Availability of strong Support Coordinators is critical for individual outcomes and the quality of the waiver supports they receive

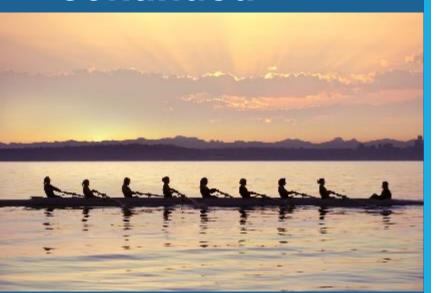
- □ Additional thoughts on Lifespan Support Coordination:
 - Revise the role, scope of service, qualifications, training
 - Make Support Coordination a waiver service

Services and Supports



- Effective services focused on the outcomes of:
 - Life skill development
 - Employment (from age 14)
 - Supports for community involvement and participation (from age 14)
 - Use of public transportation and removal of transportation barriers to employment and community involvement
 - Supported living in homes/apartments people own or control
- □ Coordinate with Vocational Rehabilitation and Workforce System for after-school and summer options for youth

Services and Supports - continued



- □ Enable individuals to receive a combination of mental health and waiver services if needed facilitate dualeligibility
- Allow natural supports to be paid to provide some services
- Solid approach to responding to crisis
 - Bring behavioral health support services to people and their families
 - Prevent avoidable out-of-home placements

Support Needs



Supporting Waiver Participants:

☐ Provide intentional supports to build self-advocacy, self-determination, and self-direction skills, as well as opportunities to use these skills in reaching goals

Supporting Families and Guardians:

☐ Consider a Parent/Guardian Community of Practice or other way to ensure parents and guardians can receive peer support to assist them with navigating the systems, services, and resources available in their localities

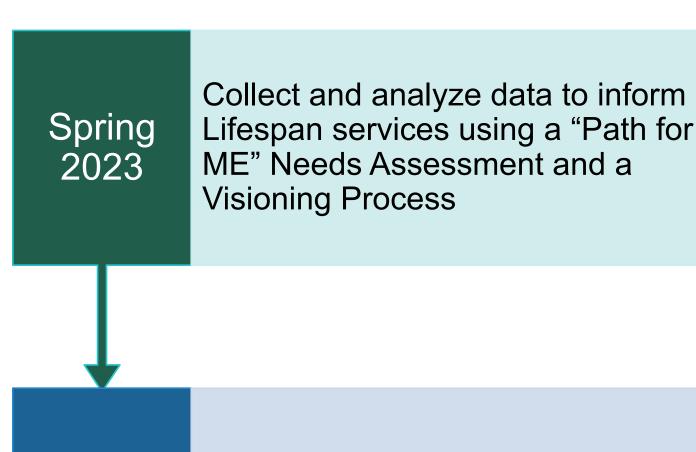
Supporting Organizations and Individual Providers:

- ☐ Create structure to ensure base qualifications/knowledge/competency-based training
- Ensure providers will understand services they are providing, how the services are different from each other and from those on the legacy waivers, and individual outcomes expected from services



Engagement Plan, Next Steps, and Comments & Questions

Plan for Continued Stakeholder Engagement



Summer 2023

Produce a written Lifespan Concept Paper and release for public comment

Next Steps: Stakeholder Work Group Invitation

Invitation to volunteer for a Lifespan Project Stakeholder work group by sending nominations (and self-nominations) to OADSLifespanProject@maine.gov by 11/15/22.

The work group to be held every other month will be co-led by Dr. Lisa Mills and OADS Associate Director Betsy Hopkins, with support from Project Manager Craig Donnan.

It will include representatives from the following groups:

- Waiver Members Receiving Services (3)
- Family Members and/or Guardians of Members (3)
- Provider Representatives (4) (1 case management provider, 1 shared living provider and 2 open seat provider representatives
- Advocacy Organizations (3)
- State Staff to include the following representatives (5) 1 case manager liaison, 1 resource coordinator, 1 community support and employment manager and 1 Office of Children and Family Services and 1 Office of MaineCare Services

Next Steps: A Path For ME Assessment Orientations

Please join the Office of Aging and Disability Services (OADS) for an "A Path for ME" orientation session in December 2022. The focus will be the "A Path for ME" Lifespan Project and the needs assessment being implemented soon. These assessments will be for Sections 21 and 29 members and those on the waitlist.

Topics include:

- How does the assessment help you and the Person-Centered Planning process?
- What communication can you expect before and after?
- What happens during an assessment?
- For providers: How will this assessment aid better planning, service design, and understanding of member support needs?

Next Steps: A Path For ME Assessment Orientation Dates

Waiver Members and Families/Guardians:

December 13 from 4 p.m. to 5:00 p.m.

Providers of Section 21 and 29 services:

December 15 from 11 a.m. to 12:00 p.m.

Registration Link: https://mainestate.zoom.us/meeting/register/tZ0qc-Ghqz4pEteeT9DfhCVEIBUIAexV-PvP

Comments and Questions

Please use the raise hand feature to comment

You may also type comments in the chat

Feel free to pose questions that you think should be included in a "Frequently Asked Questions"

Follow-up questions or comments can be sent to oads.lifespanproject@maine.gov



Thank you!